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Date: October 20, 2008/Stacey Bussey/

Stacey Bussey

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant(s): Rappaport,*et al.*

Serial No: 09/713,962

Filing Date: November 15, 2000

Examiner: Vanel Frenel

Art Unit: 3626

Title: METHOD, APPARATUS AND SYSTEM FOR COMMUNICATING HEALTHCARE
INFORMATION TO AND FROM A PORTABLE, HAND-HELD DEVICE

Mail Stop Appeal Brief-Patents
Commissioner for Patents
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REPLY BRIEF

Dear Sir:

Applicants' representative submits this Reply Brief in response to the Examiner's Answer dated September 16, 2008. In the event any fees may be due in connection with the Reply Brief, the Commissioner is authorized to charge such fees to Deposit Account No. 50-1063 [MSFTP1835USA].

REMARKS

Claims 1-23 are currently pending and are presently under consideration. Favorable reconsideration of the subject patent application is respectfully requested in view of the comments herein. In particular, the following comments address deficiencies contended in the Examiner's Answer to applicants' Appeal Brief.

I. Regarding the Rejection of Claims 1-23 Under 35 U.S.C. §103(a)

The Examiner incorrectly maintains the rejection of claims 1-23 under 35 U.S.C. §103(a) as being obvious over Montlick (US 5,561,446) in view of Lavin, *et al.* (US 5,772,585) and further in view of Gershman, *et al.* (US 6,199,099). Withdrawal of this rejection is requested for the following reasons. Neither Montlick, Lavin *et al.* or Gershman, *et al.*, alone or in combination, teach or suggest all features of the subject claims.

Applicants' claimed subject matter relates to a method of communicating healthcare information. Medical diagnoses relating to a patient is conveyed using codes, wirelessly to a server where the information is processed and provided to a patient with remote access. To this end, independent claim 1 recites *the healthcare data including a plurality of medical diagnoses each of which corresponds to at least one code; storing the set of codes and the medical diagnoses in a memory of a portable terminal; wirelessly transmitting the selected subset of the displayed codes from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system, wherein said wirelessly transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device.* Independent claims 9, 12, 18, 21, 22 and 23 recite similar features. Claim 5 recites *wherein the recipient is a gateway that connects the first, wireless network to a second network.* More particularly, the claimed subject matter discloses storing a set of codes and medical diagnoses in the portable terminal, allowing a medical practitioner to select the codes for the diagnoses, transmit only the selected codes to a server, and provide for a patient accessible device to access the healthcare data corresponding to the transmitted codes, from the server, via a second network.

Montlick, Lavin *et al.* and Gershman, *et al.*, alone or in combination, are silent regarding such novel features.

At page 17 of the Examiner's Answer, the Examiner equates a medical practitioner entering information about a patient in a diagnosis screen at a workstation and the entered information being utilized for generating a patient bill, to a doctor transmitting one or more selected diagnostic codes associated with a patient diagnosis to a server that provides the patient with access to the diagnosis information associated with the codes. The diagnosis screen disclosed by Lavin *et al.* is available at a workstation on the physician's examination room, and allows the physician to select enter diagnosis information of a patient. Diagnostic information can be retrieved from a custom diagnosis list or from a ICD9 list. Though the ICD9 database provides the diagnostic list, Lavin *et al.* does not disclose that the ICD9 database is stored in the storage area of the workstation. Rather, Lavin *et al.* discloses that the memory in the server retains a common database (*See.* col 3, lines 35-40). Since the ICD9 database is a common database used by all the medical personnel and staff of the clinic, the database would be maintained at the server and accessed by all the users. Thus, Lavin *et al.* is silent regarding ***storing the set of codes and the medical diagnoses in a memory of a portable terminal.*** Further, at the cited portions, Lavin *et al.* discloses that the doctor uses the diagnosis list or diagnosis code to retrieve the appropriate disease/diagnosis (*See.* col. 13, lines 31-44). Thus, the data entered in the form is the disease/diagnosis information and not the associated code. However, the diagnosis screen information is utilized to generate a patient bill. The data input by the physician is also stored in tables in the database. As the diagnosis information is entered in the diagnosis screen, the diagnosis data is transmitted to the server. Moreover, nowhere does Lavin *et al.* disclose providing the patient access to the diagnosis information in the database. Rather, Lavin *et al.* provides for a secure system that only allows medical practitioners and staff in a medical clinic environment to access patient information in the database, by securing entry by the use of passwords (*See.* Col 5, lines 36-47). Thus, a patient would not be allowed to access the diagnostic information at the server, rather the patient receives a bill output by the billing module.

In contrast, the claimed invention allows a doctor with a mobile communication device to access stored diagnostic information, select codes associated with the diagnoses and transmit the selected codes to the server. This allows the doctor to quickly transmit patient diagnosis to the server, by selecting appropriate codes and transmitting the codes. Selecting and transmitting only the codes permits the doctor to communicate diagnostic information with minimum data

entry required. At the server, the diagnosis information associated with the codes are retrieved from the server storage, and provided in a format accessible by the patient. Thus, Lavin *et al.* is silent regarding ***storing the set of codes and the medical diagnoses in a memory of a portable terminal; wirelessly transmitting the selected subset of the displayed codes from the portable terminal to a server system via a first network capable of providing communication between the portable terminal and the server system, wherein said wirelessly transmitting causes the healthcare data corresponding to the selected subset of the displayed codes to be provided to a medical patient via a second network capable of providing communication between the server system and a patient accessible device***

Gershman *et al.* discloses making consumer information available remotely in connection with facilitating remote consumer transactions. However, Gershman *et al.* does disclose *causing healthcare data to be provided to a medical patient via a second network*, and does not make up for the aforementioned deficiencies of Montlick and Lavin *et al.* with respect to the independent claims.

In view of at least the foregoing it is readily apparent that Montlick, Lavin *et al.* and Gershman *et al.*, either alone or in combination do not teach or suggest each and every element set forth in the applicants' subject claims. Accordingly it is requested that this rejection should be withdrawn.

II. Conclusion

The subject application is believed to be in condition for allowance in view of the above comments. A prompt action to such end is earnestly solicited.

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-1063 [MSFTP1835USA].

Should the Examiner believe a telephone interview would be helpful to expedite favorable prosecution, the Examiner is invited to contact applicants' undersigned representative at the telephone number below.

Respectfully submitted,

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